



Did you know you can apply online? Visit www.colchester.ac.uk for more details.



Please complete all sections in CAPITALS and BLACK INK and sign where indicated.

Student Details

| | | | |
|---|--|--|----------------------|
| Surname | <input type="text"/> | First Name | <input type="text"/> |
| Middle Names | <input type="text"/> | Title (Mr/Miss etc) | <input type="text"/> |
| Previous Surname | <input type="text"/> | Known as (if different) | <input type="text"/> |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> | Age at 31/08/2012 | <input type="text"/> |
| National Insurance No. <input type="text"/> (Apprenticeship applications only) | <input type="text"/> | Email | <input type="text"/> |
| Current Address | <input type="text"/> | Home Phone number | <input type="text"/> |
| <input type="text"/> | | | |
| <input type="text"/> | | Mobile Phone number | <input type="text"/> |
| Postcode | <input type="text"/> | (We may use text messaging to contact you) | |
| Name and address of most recent school, college or training provider | | | |
| <input type="text"/> | | | |
| <input type="text"/> | | | |
| <input type="text"/> | Date of leaving | <input type="text"/> | |

Ethnic Group

Choose one option that best describes your ethnic group or background

White

- English/Welsh/Scottish/Northern Irish/British (31)
- Irish (32)
- Gypsy or Irish Traveller (33)
- Any Other White Background (34)

Mixed/Multiple ethnic groups

- White and Black Caribbean (35)
- White and Black African (36)
- White and Asian (37)
- Any other Mixed/multiple ethnic background (38)

Other ethnic group

- Arab (47)
- Any other ethnic group (98)

Asian/Asian British

- Indian (39)
- Pakistani (40)
- Bangladeshi (41)
- Chinese (42)
- Any other Asian background (43)

Black/African/Caribbean/Black British

- African (44)
- Caribbean (45)
- Any other Black/African/Caribbean background (46)

Residency

What is your Nationality?

Is English your first language? YES NO

Have you been resident in the UK for the last 3 years? YES NO

Criminal Convictions

Do you have a Criminal Conviction? YES NO If "Yes" you will be asked to complete a Self Declaration form. This information is only required to assist us to fulfil our responsibilities to assess any potential risk to the large number of young students in the College and will be treated in confidence.

Learning Support

Colchester Institute is committed to meeting the requirements of our learners and offers services to support learners with additional needs, learning difficulties and medical conditions. These may include: Physical disability or reduced mobility, hearing or visual impairment, learning difficulties such as dyslexia, dyspraxia, semantic pragmatic disorder, mental health difficulties, ADHD, emotional, social and behavioural difficulties.

Do you consider yourself to have a learning difficulty? YES NO

If Yes, please tick which most describes your learning difficulty.

- | | |
|--|--|
| <input type="checkbox"/> Moderate learning difficulty (01) | <input type="checkbox"/> Autism spectrum disorder (20) |
| <input type="checkbox"/> Severe learning difficulty (02) | <input type="checkbox"/> Multiple learning difficulties (90) |
| <input type="checkbox"/> Dyslexia (10) | <input type="checkbox"/> Other* (please specify below) (97) |
| <input type="checkbox"/> Dyscalculia (11) | <input type="checkbox"/> Not Known/information not provided (99) |
| <input type="checkbox"/> Other specific learning difficulty* (please specify below) (19) | |

*Please state details

Do you consider yourself to have a disability and/or medical condition? YES NO

If Yes, please tick which most describes your disability or condition.

- | | |
|---|--|
| <input type="checkbox"/> Visual Impairment (01) | <input type="checkbox"/> Temporary disability after illness or accident (08) |
| <input type="checkbox"/> Hearing Impairment (02) | <input type="checkbox"/> Profound complex disabilities (09) |
| <input type="checkbox"/> Disability affecting mobility (03) | <input type="checkbox"/> Asperger syndrome (10) |
| <input type="checkbox"/> Other physical disability (04) | <input type="checkbox"/> Multiple disabilities (90) |
| <input type="checkbox"/> Other medical condition* (please specify below) (05) | <input type="checkbox"/> Other* (please specify below) (97) |
| <input type="checkbox"/> Emotional/behavioural difficulties (06) | <input type="checkbox"/> Not known/information not provided (99) |
| <input type="checkbox"/> Mental health difficulty (07) | |

*Please state details

Please indicate where you heard about Colchester Institute (Please tick one only)

| | | |
|---|---|---|
| <input type="checkbox"/> Careers Advisor | <input type="checkbox"/> Newspaper Advert | <input type="checkbox"/> Recruitment Fair |
| <input type="checkbox"/> Current/Past Student | <input type="checkbox"/> Radio Advert | <input type="checkbox"/> School |
| <input type="checkbox"/> Prospectus | <input type="checkbox"/> Other Advert | <input type="checkbox"/> Website |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Social Media | <input type="checkbox"/> UCAS |
| <input type="checkbox"/> Open Event | <input type="checkbox"/> Employer/Sponsor | <input type="checkbox"/> Other |

Course Choice (One only)

| | | |
|--|--|--|
| Course Code (if known) | COURSE TITLE AND LEVEL | |
| | | |
| Application Type Please tick one | Full-Time Course only <input type="checkbox"/> | |
| | Joint Full-Time and Apprenticeship <input type="checkbox"/> | |
| | Apprenticeship only <input type="checkbox"/> | |

Student Declaration

The information given on this application form is correct to the best of my knowledge. I agree to Colchester Institute processing personal and sensitive data collected on this form, or other data obtained from me, or other relevant people during the application process. I agree to the processing of such data for any purposes connected with my application and studies, or my health and safety while on the premises or for any other legitimate reason. I authorise my school/college, employer or other third party to provide Colchester Institute with a pre-admission reference. I understand that Colchester Institute may share information with The Information Centre, Advice and Guidance Service or my school, if required. Also, I understand that, on occasions, photographs or video images may be taken of me for promotional/learning activities and I agree to notify a member of staff at the time if I do not wish my image to be kept and used.

The information you supply will be used by the Chief Executive of Skills Funding, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. Further details of how your information is processed and shared can be found at www.learningrecordsservice.org.uk/privacynotice

| | | | |
|-----------------------------------|----------------------|--------------|----------------------|
| Applicant Signature: | <input type="text"/> | Date: | <input type="text"/> |
| Parent/Guardian Signature: | <input type="text"/> | Date: | <input type="text"/> |
| Parent/Guardian Name: | <input type="text"/> | | |

What next?

Students still at school/college

Pass the application form to your current school or college for them to complete the pre-admission reference overleaf. Please ensure your parent/guardian has signed the form if you are under 18 years of age as at 31/08/2012.

Students who have recently left school/college

Forward the application form to your last school or college for them to complete the pre-admission reference overleaf. Please ensure your parent/guardian has signed the form above if you are under 18 years of age as at 31/08/2012.

Mature applicants unable to obtain a school/college reference

Please fill in details of qualifications you have already achieved on the Pre-Admission Reference form overleaf. The form can then be forwarded to your employer, or other suitable referee to obtain a brief character reference. We require details of punctuality, time-keeping and any other useful information about you. The referee should be a professional person who has known you for at least two years. The reference can be a separate letter if you do not wish to forward this form to your referee but remember you still need to fill in your exam details.

NB: Please visit our website www.colchester.ac.uk for more information about the application process.

PRE-ADMISSION CONFIDENTIAL REFERENCE

Dear Head Teacher, Head of Year or Referee

As part of Colchester Institute’s admissions procedure applications for full-time further education courses and apprenticeships **must** be accompanied by a reference when they are submitted. Would you therefore please complete all sections of the form below as fully as possible. Also **please enclose a copy of any SEN Statement and latest annual review report**, or any **exam concession report**, authorised by the applicant. Thank you in advance for your cooperation.

Full Name of Applicant

| EXAM DETAILS Please enter subjects | Please enter predicted GCSE Grades | | | | Grades Achieved GCSE/AS/A Level |
|---------------------------------------|------------------------------------|---|---|------|------------------------------------|
| | A* - C | D | E | F- G | |
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LEARNING SUPPORT INFORMATION

Is this applicant likely to require additional support with their course choice or need **extra time for exams?** (School Action/Action Plus/Statement/Emotional or Behavioural Difficulties/Health issues etc.) **Please specify.**

ATTENDANCE AND PUNCTUALITY PROFILE

Please give details of attendance and punctuality. (If poor attendance is due to illness or some other problem please specify)

BRIEF CHARACTER REFERENCE (please use a separate sheet if necessary)

Name of school/college
 Referee’s name and title (please print).....
 Address of Referee.....

School/College/Employer
Stamp

Please return to: **Admissions and Guidance, Colchester Institute,
 Sheepen Road, Colchester, CO3 3LL or
 The Information Centre, The College at Braintree,
 Church Lane, Braintree, CM7 5SN**